

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 03-26-04.

### **I. DISPUTE**

Whether there should be additional reimbursement for CPT code 99499-L2-WP on date of service 07-08-03.

### **II. FINDINGS**

On 05-17-04, the Division submitted a Notice to the requestor to notify the requestor that the Medical Review Division determined that the dispute contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied additional reimbursement within 14 days of the requestor's receipt of the Notice.

### **III. RATIONALE**

CPT code 99499-L2-WP for date of service 07-08-03 denied with an "F" code. The denial per explanation of benefits is reviewed per the 96 MFG Evaluation and Management GR XXIV(B),(C)(2),(C)(3)(b),(D)(1)(b)(i). Per **Subsection B** total reimbursement is equal to the base reimbursement plus the area(s) rated, **Subsection (C)(2)** reimbursement is based on the amount of time that has elapsed since the date of injury, **Subsection(C)(3)(b)** L2 (first RME if beyond one year from date of injury) \$200.00 reimbursement. Per **Subsection D** area reimbursement: The HCP shall indicate the number of areas rated in the units column of the billing form with a maximum of four areas (three body areas and one specialty area), **Subsection(D)(1)** Body area. The RME doctor may bill for a maximum of three body areas. **Subsection (D)(1)(b)(i)** One body area: \$300.00 reimbursement. The total allowed amount for reimbursement is \$500.00. A payment of \$400.00 has been made per explanation of benefits. Therefore additional reimbursement is recommended in the amount of \$100.00

### **IV. DECISION AND ORDER**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this order. This Decision is applicable for date of service 07-08-03 in this dispute.

The above Findings and Decision and Order are hereby issued this 15th day of June 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer

Medical Review Division